


## Patient Personal Record

 <b>Howerton, Kelly</b>	Sex	Female	DOB	[REDACTED]	Age	38 yrs
Chart # HOWKE0001	SSN #		Phone	[REDACTED]	(H)	

First Name	<b>Kelly</b>	Address1	[REDACTED]
Last Name	<b>Howerton</b>	Address2	
Middle Initial		City	Rockwall
SSN		State	Texas
Suffix		Zip Code	75087
Father Name		Country	USA
Mother Name		Preferred Phone	
Mother's Maiden Name		Call Preference Order	
Alias Name		Home Phone	[REDACTED]
Date of Birth	[REDACTED]	Work Phone	
Birth State		Fax	
Sex	Female	Cell Phone	
Guardian		E-mail Address	
Work Status	Full Time	Driving License	
Industry		Significant Others	
Occupation		Emergency Contact 1	Phone #
Employer		Emergency Contact 2	Phone #
Attorney		Signature on File	
Adjuster		Release of Info Signed	
Student Status	Not a Student	Preferred Language	English
Blood Group		Pharmacy	
Race	White	Consent	Consent given
Ethnicity	Not Hispanic or Latino	Disable Health Alerts	No
Smoker	Unknown if ever smoked	External Rec#	NPI
Marital Status		Treatment Status	
Patient Type		Custom Field1	
Referring Provider		Custom Field2	
Other Ref. Provider		Generate Statement	Yes
Pri. Care Provider		Exemption from Reporting	No
Principal Provider	Dr. Colleen Kennedy	Communication Preference	By Phone
Visit Location	Business Office Dallas	Comments	
Patient Category		No Known Problems	No
		MU Demographic Exclusion	
		Patient Portal Module	Opt Out
		Send Direct Message	Disabled
		Last Payment Date	
		Last Payment Amount	
		Last Modified Date	10/31/2014
		Last Modified By	Ms. Robie Hansen

**GOVERNMENT  
EXHIBIT  
610  
4:18-CR-368**

Visit Report - Howerton, Kelly - 01/10/2014 10:15 AM(CST) (OmniMD)

Page 1 of 1

Patient : **Howerton, Kelly** Sex : Female

Chart# : HOWKE0001

DOB : [REDACTED]

Phone : [REDACTED] (H),

Address : [REDACTED]

Ref By :

DOS : **01/10/2014 10:15 AM(CST)** (15 mins ), Location: CIK Business Office RockwallChief Complaint: **Np**

Attended By: Ms. Maries Laurel (214-775-1356)

Employer:

**Allergies**

No Allergies Recorded.

**Current Medications****VITAL SIGNS****Height** 66 inch 167 cm**Weight** 140 lbs 63.5 Kg**BMI** 22.6 Kg/m<sup>2</sup>**FOLLOW UP NOTE****Patient Name:** Howerton, Kelly**Chart Number:** HOWKE0001**Date of Service:** 01/10/2014 10:15 AM(CST)**Procedure Performed:****Vitals:**

Temp: BP: / Pulse Rate: O2 Sat:

Starting Weight: 140 lbs Current Weight: Change:

**Current Medications:****Note:** hx of eczema scarring, itching and scratching causing scarring-called in compound scar reduction cream**Impression:** eczema**Plan:** apply compound scar reduction cream to affected area prn**F/U in:** as needed**Prescriptions and Lab Orders****Diagnoses****DIAGNOSES****Procedures****PROCEDURES****Disposition**

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## Patient Dashboard

<b>Howerton, Kelly</b> Rockwall, Texas - 75087 SSN # [REDACTED] Ext. Rec# [REDACTED] Phone [REDACTED] (H) DOB [REDACTED] Age 38 yrs Sex: Female Pat. Due \$0.00 <a href="#">Print Last STMT.</a>		Principal Provider: Dr. Colleen Kennedy <a href="#">Health Record</a> Referring Provider: Pri. Care Provider: Unread Messages: <b>Message Alert</b> sent script for compounding cream to Omni plus pharmacy <a href="#">History</a> <a href="#">Edit</a>	<b>Electronic Notes</b> Enter Keyword <a href="#">Q</a> <a href="#">i</a>
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## Patient's Primary Insurance Details

Payer / Policy	Group / Plan	Member/ Subscriber	Validity	Co-Pay Details	Action
No Primary Insurance Record Exist					

<a href="#">Demographics</a> ✓	<a href="#">Allergies</a>	<a href="#">OmniMD Rx History</a>	<a href="#">Transcriptions</a>	<a href="#">Messages</a>
<a href="#">Insurance Records</a>	<a href="#">Current Medications</a>	<a href="#">All Rx History</a>	<a href="#">Referrals</a>	<a href="#">CDA</a>
<a href="#">Eligibility Info</a>	<a href="#">Medical History</a> <u>Y</u>	<a href="#">Rx Refills</a>	<a href="#">Form Records</a>	<a href="#">Lock Users</a>
<a href="#">Advance Directives</a>	<a href="#">Family History</a>	<a href="#">Rx Change Requests</a>	<a href="#">Scanned Documents</a>	<a href="#">Super Bills</a>
<a href="#">Patient Confidentiality</a>	<a href="#">Social History</a>	<a href="#">Lab/Radiology Orders</a>	<a href="#">Patient Flow Sheet</a>	<a href="#">Patient Ledger</a>
<a href="#">Patient Annotations</a>	<a href="#">Immunization</a>	<a href="#">Lab/Radiology Test Results</a>	<a href="#">Active Problem List</a>	
<a href="#">Patient Activity History</a>	<a href="#">HIPAA Disclosure</a>	<a href="#">Progress Report</a>	<a href="#">Pending Immunizations</a>	<a href="#">Patient Contact</a>
<a href="#">Incoming Referral File</a>	<a href="#">Amendment</a>	<a href="#">Patient Education</a> <u>Y</u>		
<a href="#">Patient Portal Information</a> <a href="#">Q</a>				
<a href="#">Billing Note</a>				

## Cases and Visits

[New Case/Visit](#)

Date of Service	Chief Complaint	Attending Provider	Progress	Action
Case: np 01/10/2014 10:15 AM-10:30 AM FRI	np	Ms. Maries Laurel	<a href="#">F</a> <a href="#">V</a>	<a href="#">Q</a>

## Patient's Recent and Upcoming Health Alerts

[Add Health Alert](#)

Applicable	Category	Health Alert	Status	Action	Communication Type
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## Patient's Future Appointments

[Print](#)

Dt. of Service	Chief Complaint	Provider	Procedures
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Visit Report - Howerton, Kelly - 01/10/2014 10:15 AM(CST) (OmniMD)

Page 1 of 1

Patient : **Howerton, Kelly** Sex : Female

Chart# : HOWKE0001

DOB :

Phone : (H),

Address : , Rockwall, Texas 75087

Ref By :

DOS : **01/10/2014 10:15 AM(CST)** (15 mins ), Location: CIK Business Office RockwallChief Complaint: Np

Attended By: Ms. Maries Laurel (214-775-1356)

Employer:

**Allergies**

No Allergies Recorded.


**Current Medications****VITAL SIGNS****Height** 66 inch 167 cm**Weight** 140 lbs 63.5 Kg**BMI** 22.6 Kg/m<sup>2</sup>**FOLLOW UP NOTE****Patient Name:** Howerton, Kelly**Chart Number:** HOWKE0001**Date of Service:** 01/10/2014 10:15 AM(CST)**Procedure Performed:****Vitals:**

Temp: BP: / Pulse Rate: O2 Sat:

Starting Weight: 140 lbs Current Weight: Change:

**Current Medications:****Note:** hx of eczema scarring, itching and scratching causing scarring-called in compound scar reduction cream**Impression:** eczema**Plan:** apply compound scar reduction cream to affected area prn**F/U in:** as needed**Prescriptions and Lab Orders****Diagnoses****DIAGNOSES****Procedures****PROCEDURES****Disposition**

## Patient Personal Record

 H [REDACTED], F [REDACTED]	Sex Female	DOB [REDACTED]	Age 11 yrs 7 mths
Chart # HOWFA0002	SSN # [REDACTED]	Phone [REDACTED] (H)	

First Name	[REDACTED]	Address1	[REDACTED]
Last Name	H [REDACTED]	Address2	
Middle Initial		City	Rockwall
SSN		State	Texas
Suffix		Zip Code	75087
Father Name		Country	USA
Mother Name		Preferred Phone	
Mother's Maiden Name		Call Preference Order	
Alias Name		Home Phone	[REDACTED]
Date of Birth	[REDACTED]	Work Phone	
Birth State		Fax	
Sex	Female	Cell Phone	
Guardian		E-mail Address	
Work Status	Full Time	Driving License	
Industry		Significant Others	
Occupation		Emergency Contact 1	Phone #
Employer		Emergency Contact 2	Phone #
Attorney		Signature on File	
Adjuster		Release of Info Signed	
Student Status	Not a Student	Preferred Language	English
Blood Group		Pharmacy	
Race	White	Consent	Consent given
Ethnicity	Not Hispanic or Latino	Disable Health Alerts	No
Smoker	Never smoker	External Rec#	NPI
Marital Status		Treatment Status	
Patient Type		Custom Field1	
Referring Provider		Custom Field2	
Other Ref. Provider		Generate Statement	Yes
Pri. Care Provider		Exemption from Reporting	No
Principal Provider	Dr. Colleen Kennedy	Communication Preference	By Phone
Visit Location	Business Office Dallas	Comments	
Patient Category		No Known Problems	No
		MU Demographic Exclusion	
		Patient Portal Module	Opt Out
		Send Direct Message	Disabled
		Last Payment Date	
		Last Payment Amount	
		Last Modified Date	10/31/2014
		Last Modified By	Ms. Robie Hansen

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## Current Medications

[Redacted]	Sex: Female	DOB: [Redacted]	Age: 11 yrs 7 mths
Chart # HOWFA0002	SSN #	Phone #	(H)

[Print All](#)  
[Print Pre-Existing & Active Medications](#)  
[Print Pre-Existing Medications Only](#)

☒ Patient denies pre-existing medications

## Add / Edit Pre-Existing Medications

Drug (enter first few characters)	Strength	Dosage	Frequency	From	- Duration -	To	Reason	Clr
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Add"/>

Note : Please select drug from drug list, so, system will provide interaction information.

Pre-Existing Medications	Dosage	Frequency	Duration	Reason	Action
No Drug exist in Pre-Existing Medications					

Active Medications from Rx	Dosage	Frequency	Duration	Last Modify by/Reason	Action
No Drug exist in Active Medications from Rx					

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## Allergies

	<b>H. F.</b>	Sex	Female	DOB	<b>[REDACTED]</b>	Age	11 yrs 7 mths
Chart # HOWFA0002		SSN #	Phone #		<b>[REDACTED]</b> (H)		

## Show More Details

☐ No Known Allergies (Food, Environmental, Immunization and others)

Food & Environmental Allergens	Intolerance	Reaction	Severity	Last Occurrence	Current Status
----Food & Environmental Allergies----			Low		Active
<a href="#">Add</a>					

☒ NKDA (No Known Drug Allergy)

Drug	Drug Classification	Intolerance	Reaction	Severity	Last Occurrence	Current Status
	----Allergies----			Low		Active
<a href="#">Add</a>						

Immunization Allergens	Intolerance	Reaction	Severity	Last Occurrence	Current Status
---- Immunization Allergies----			Low		Active
<a href="#">Add</a>					

Other Allergens	Intolerance	Reaction	Severity	Last Occurrence	Current Status
			Low		Active
<a href="#">Add</a>					

## Allergy Review History

 Last Reviewed by, Ms. Robie Hansen  
 on 10/23/2015 10:12 AM

Notes:

[Reviewed And Save](#)

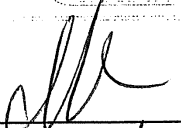
## Drug Interactions

Severity	Drug-Drug Interactions
	No Drug-Drug Interactions exists
Severity	Drug-Disease Interactions
	No Drug-Disease Interactions exists
Severity	Drug-Allergy Interactions

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Patient Name <b>F [REDACTED] H [REDACTED]</b>		DOB <b>[REDACTED]</b>	Rep #
Home Phone		Cell Phone <b>[REDACTED]</b>	Insurance Information
Address <b>[REDACTED]</b>		Provider <b>CUS CAREMARK</b>	Member ID # <b>21521528676242</b>
City <b>Rockwall</b>	State <b>TX</b>	Zip <b>75087</b>	SS # <b>[REDACTED]</b>
Allergies	Diagnosis		Bin # <b>610029</b>
<b>COLLEEN KENNEDY, MD</b> 1309 Ridgely Rd. Suite 109, Rockwall, TX 75087 214-725-1356 LIC # M7325 NPI # 1508897810		Signature 	Group # <b>RAYTH</b>
		Date <b>1/13/14</b>	

☐ **GENERAL PAIN/INFLAMMATION** 60GMS 120GMS 150GMS 180GMS 240GMS Refills 1 2 3 4 5 prn  
 DICLOFENAC 3%, KETOPROPHEN 10%, BACLOFEN 2%, LIDOCAINE 2%, Lipoderm™  
 Apply 1-2 grams to affected area 3-4 times per day.

☐ **NEUROPATHIC & CHRONIC PAIN** 60GMS 120GMS 150GMS 180GMS 240GMS Refills 1 2 3 4 5 prn  
 FLURBIPROFEN 20%, BACLOFEN 2%, CYCLOBENZAPRINE 2%, GABAPENTIN 6%, LIDOCAINE 2.5%  
 Apply 1-2 grams (Each pump equals one gram) to affected area 3-4 times per day.

☐ **BACK & RADICULAR PAIN** 60GMS 120GMS 150GMS 180GMS 240GMS Refills 1 2 3 4 5 prn  
 GABAPENTIN 6%, CLONIDINE 0.1% DICLOFENAC 2%, LIDOCAINE 2%, PENTOXIFYLLINE 2%  
 Apply 1-2 grams to affected area 3-4 times per day.

☒ **SCAR REDUCTION CREAM** 60GMS 120GMS 150GMS 180GMS 240GMS Refills 1 2 3 4 5 prn  
 FLUTICASONE PROPIONATE 1%, LEVOCETIRIZINE DIHYDROCHLORIDE 2%, PENTOXIFYLLINE 0.05%, PRILOCAINE 3%, GABAPENTIN 15%  
 Apply up to 4 grams (Each pump equals one gram) twice daily for 10-14 weeks for scar reduction. (PracaSil™-Plus)

☐ **INFECTED WOUNDS** 60GMS 120GMS 150GMS 180GMS 240GMS Refills 1 2 3 4 5 prn  
 PHENYTOIN 5%, MISOPROSTOL 0.0024%, ALOE VERA 200:1, PRILOCAINE 2%, LEVOFLOXACIN 2%,  
 METRONIDAZOLE 2%, VANCOMYCIN 5%, Sprirawash™  
 Apply 1-2 grams to affected area 3-4 times per day.

☐ **NON-INFECTED WOUNDS** 60GMS 120GMS 150GMS 180GMS 240GMS Refills 1 2 3 4 5 prn  
 2.PHENYTOIN 5%, MISOPROSTOL 0.0024%, ALOE VERA 200:1, PRILOCAINE 2%, Sprirawash™  
 Apply 1-2 grams to affected area 3-4 times per day.

☐ **GOUT** 60GMS 120GMS 150GMS 180GMS 240GMS Refills 1 2 3 4 5 prn  
 3.KETOPROFEN 10%, INDOMETHACIN 10%, TRIAMCINOLONE 0.2%, LIDOCAINE 5%  
 Apply 1-2 grams to affected area 3-4 times per day.

☒ **PSORIASIS/ECZEMA** 60GMS 120GMS 150GMS 180GMS 240GMS Refills 1 2 3 4 5 prn  
 FLUTICASONE 1%, METHYLCOBALAMIN 0.042%, COENZYME Q10 2.4%, VITAMIN D3 0.03%, TRETINOIN 0.012%  
 Apply 1-2 grams to affected area 3-4 times per day.

8\_Prescrip-Blank Sheet-v3-8

**CONFIDENTIAL****KEN003561**

GX610.008

DOJ-18CR368-0124288



Visit Report - H [REDACTED], F [REDACTED] - 01/10/2014 9:30 AM(CST) (OmniMD)

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Patient : H [REDACTED] F [REDACTED] Sex : Female

Chart# : HOWFA0002

DOB : [REDACTED]

Phone : [REDACTED] (H),

Address : [REDACTED] Rockwall, Texas 75087

Ref By :

DOS : 01/10/2014 9:30 AM(CST) (15 mins ), Location: CIK Business Office Rockwall

Chief Complaint: Np

Attended By: Ms. Maries Laurel (214-775-1356)

Employer:

**Allergies****No Known Drug Allergies.****Intolerance**

No Intolerance Recorded

**Current Medications**Current MedicationDosageFrequencyDurationReason

No Current Medication Recorded.

**VITAL SIGNS****Height** 48 inch 121 cm**Weight** 60 lbs 27.2 Kg**BMI** 18.3 Kg/m<sup>2</sup> Abnormal**FOLLOW UP NOTE****Patient Name:** H [REDACTED], F [REDACTED]**Chart Number:** HOWFA0002**Date of Service:** 01/10/2014 9:30 AM(CST)**Procedure Performed:****Vitals:**

Temp: \_\_\_ BP: \_\_\_/\_\_\_ Pulse Rate: \_\_\_ O2 Sat:

Starting Weight: \_\_\_ Current Weight: \_\_\_ Change:

**Current Medications:****Note:** scarring from old cuts/injuries with poor cosmetic healing, called in compound scar reduction cream**Impression:** scarring with poor healing outcome**Plan:** apply compound scar reduction cream to affected area prn**F/U in:** as needed**Prescriptions and Lab Orders****Diagnoses**<https://www8.omnimd.com/jsp/EMRViewVisitDocument.jsp?forwardFile=/PCEMR/Visi...> 10/23/2015**CONFIDENTIAL****KEN003562**

GX610.009

DOJ\_18CR368-0124289

Visit Report - H [REDACTED], H [REDACTED] - 01/10/2014 9:30 AM(CST) (OmniMD)

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**DIAGNOSES**

**Procedures**

**PROCEDURES**

**Disposition**

*Handwritten signature and initials*

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**KEN003563**

GX610.010

DOJ-18CR368-0124290

## Patient Personal Record

 <b>Howerton, Hope</b>	Sex Female	DOB [REDACTED]	Age 13 yrs 6 mths
Chart # HOWHO0001	SSN # [REDACTED]	Phone [REDACTED] (H)	

First Name	<b>Hope</b>	Address1	[REDACTED]
Last Name	<b>Howerton</b>	Address2	
Middle Initial		City	Rockwall
SSN		State	Texas
Suffix		Zip Code	75087
Father Name		Country	USA
Mother Name		Preferred Phone	
Mother's Maiden Name		Call Preference Order	
Alias Name		Home Phone	214-801-0945
Date of Birth	[REDACTED]	Work Phone	
Birth State		Fax	
Sex	Female	Cell Phone	
Guardian		E-mail Address	
Work Status	Full Time	Driving License	
Industry		Significant Others	
Occupation		Emergency Contact 1	Phone #
Employer		Emergency Contact 2	Phone #
Attorney		Signature on File	
Adjuster		Release of Info Signed	
Student Status	Not a Student	Preferred Language	English
Blood Group		Pharmacy	
Race	White	Consent	Consent given
Ethnicity	Not Hispanic or Latino	Disable Health Alerts	No
Smoker	Never smoker	External Rec#	NPI
Marital Status		Treatment Status	
Patient Type		Custom Field1	
Referring Provider		Custom Field2	
Other Ref. Provider		Generate Statement	Yes
Pri. Care Provider		Exemption from Reporting	No
Principal Provider	Dr. Colleen Kennedy	Communication Preference	By Phone
Visit Location	Business Office Dallas	Comments	
Patient Category		No Known Problems	No
		MU Demographic Exclusion	
		Patient Portal Module	Opt Out
		Send Direct Message	Disabled
		Last Payment Date	
		Last Payment Amount	
		Last Modified Date	10/31/2014
		Last Modified By	Ms. Robie Hansen

Visit Report - Howerton, Hope - 01/10/2014 9:45 AM(CST) (OmniMD)

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Patient : **Howerton, Hope** Sex : Female

Chart# : HOWHO0001

DOB :

Phone : (H),

Address :

Rockwall, Texas 75087

Ref By :

DOS : **01/10/2014 9:45 AM(CST)** (15 mins ), Location: CIK Business Office RockwallChief Complaint: Np

Attended By: Ms. Maries Laurel (214-775-1356)

Employer:

**Allergies****No Known Food & Environmental Allergies.****Intolerance**

No Intolerance Recorded

**Current Medications**Current MedicationDosageFrequencyDurationReason

No Current Medication Recorded.

**VITAL SIGNS****Height** 53 inch 134 cm**Weight** 70 lbs 31.7 Kg**BMI** 17.5 Kg/m<sup>2</sup> Abnormal**FOLLOW UP NOTE****Patient Name:** Howerton, Hope**Chart Number:** HOWHO0001**Date of Service:** 01/10/2014 9:45 AM(CST)**Procedure Performed:****Vitals:**

Temp: \_\_\_ BP: \_\_\_/\_\_\_ Pulse Rate: \_\_\_ O2 Sat:

Starting Weight: \_\_\_ Current Weight: \_\_\_ Change:

**Current Medications:****Note:** hx cuts/scarring with poor cosmetic healing-called in compound scar reduction cream**Impression:** scarring with poor healing**Plan:** apply compound scar reduction cream to affected area prn**F/U in:** as needed**Prescriptions and Lab Orders****Diagnoses****DIAGNOSES**

Visit Report - Howerton, Hope - 01/10/2014 9:45 AM(CST) (OmniMD)

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**Procedures**

**PROCEDURES**

**Disposition**

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## Current Medications

<b>Howerton, Hope</b>	Sex	Female	DOB	[REDACTED]	Age	13 yrs 6 mths
Chart # HOWHO0001	SSN #		Phone	[REDACTED]	(H)	

[Print All](#)  
[Print Pre-Existing & Active Medications](#)  
[Print Pre-Existing Medications Only](#)
☒ Patient denies pre-existing medications

## Add / Edit Pre-Existing Medications

Drug (enter first few characters)	Strength	Dosage	Frequency	From	- Duration -	To	Reason	Clr
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Add"/>

Note : Please select drug from drug list, so, system will provide interaction information.

Pre-Existing Medications	Dosage	Frequency	Duration	Reason	Action
No Drug exist in Pre-Existing Medications					
Active Medications from Rx	Dosage	Frequency	Duration	Last Modify by/Reason	Action
No Drug exist in Active Medications from Rx					

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## Allergies

<b>Howerton, Hope</b>	Sex: Female	DOB: [REDACTED]	Age: 13 yrs 6 mths
Chart # HOWHO0001	SSN #	Phone: [REDACTED]	(H)

## Show More Details

☒ No Known Allergies (Food, Environmental, Immunization and others)

Food & Environmental Allergens	Intolerance	Reaction	Severity	Last Occurrence	Current Status
---Food & Environmental Allergies---			Low		Active
<a href="#">Add</a>					

☐ NKDA (No Known Drug Allergy)

Drug	Drug Classification	Intolerance	Reaction	Severity	Last Occurrence	Current Status
	---Allergies---			Low		Active
<a href="#">Add</a>						

Immunization Allergens	Intolerance	Reaction	Severity	Last Occurrence	Current Status
--- Immunization Allergies ---			Low		Active
<a href="#">Add</a>					

Other Allergens	Intolerance	Reaction	Severity	Last Occurrence	Current Status
			Low		Active
<a href="#">Add</a>					

## Allergy Review History

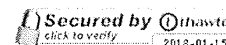
 Last Reviewed by, Ms. Robie Hansen  
 on 10/23/2015 10:13 AM

Notes:

[Reviewed And Save](#)

## Drug Interactions

Severity	Drug-Drug Interactions
	No Drug-Drug Interactions exists
Severity	Drug-Disease Interactions
	No Drug-Disease Interactions exists
Severity	Drug-Allergy Interactions
	No Drug-Allergy Interactions exists

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Visit Report - Howerton, Hope - 01/10/2014 9:45 AM(CST) (OmniMD)

Page 1 of 2

Patient : **Howerton, Hope** Sex : Female

Chart# : HOWHO0001

DOB : [REDACTED]

Phone : [REDACTED] (H),

Address : [REDACTED] Rockwall, Texas 75087

Ref By :

DOS : **01/10/2014 9:45 AM(CST)** (15 mins ), Location: CIK Business Office RockwallChief Complaint: **Np**

Attended By: Ms. Maries Laurel (214-775-1356)

Employer:

**Allergies****No Known Food & Environmental Allergies.****Intolerance**

No Intolerance Recorded

**Current Medications**Current MedicationDosageFrequencyDurationReason

No Current Medication Recorded.

**VITAL SIGNS****Height** 53 inch 134 cm**Weight** 70 lbs 31.7 Kg**BMI** 17.5 Kg/m<sup>2</sup> Abnormal**FOLLOW UP NOTE****Patient Name:** Howerton, Hope**Chart Number:** HOWHO0001**Date of Service:** 01/10/2014 9:45 AM(CST)**Procedure Performed:****Vitals:**

Temp: \_\_\_\_ BP: \_\_\_\_/\_\_\_\_ Pulse Rate: \_\_\_\_ O2 Sat:

Starting Weight: \_\_\_\_ Current Weight: \_\_\_\_ Change:

**Current Medications:****Note:** hx cuts/scarring with poor cosmetic healing-called in compound scar reduction cream**Impression:** scarring with poor healing**Plan:** apply compound scar reduction cream to affected area prn**F/U in:** as needed**Prescriptions and Lab Orders****Diagnoses****DIAGNOSES**<https://www8.omnimd.com/jsp/EMRViewVisitDocument.jsp?forwardFile=/PCEMR/Visi...> 10/23/2015**CONFIDENTIAL****KEN003569**

GX610.016

DOJ\*\_18CR368-0124296



Visit Report - Howerton, Hope - 01/10/2014 9:45 AM(CST) (OmniMD)

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Procedures

PROCEDURES

Disposition

*Handwritten signature: James Hamilton PNP*

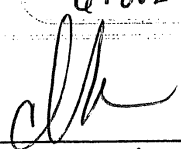
<https://www8.omnimd.com/jsp/EMRViewVisitDocument.jsp?forwardFile=/PCEMR/Visi...> 10/23/2015

**CONFIDENTIAL**

**KEN003570**

GX610.017

DOJ\*\_18CR368-0124297

Patient Name <b>Hope Howerton</b>		DOB [REDACTED]	Rep #
Home Phone		Cell Phone [REDACTED]	Insurance Information
Address [REDACTED]		Provider <b>CVS CAREMARK</b>	Member ID # <b>21521528676242</b>
City <b>Rockwall</b>	State <b>TX</b>	Zip <b>75087</b>	SS # [REDACTED]
Allergies	Diagnosis		Bin # <b>610029</b>
<b>COLLEEN KENNEDY, MD</b> 1309 Ridg Rd. Suite 109, Rockwall, TX 75087 214-725-1356 LIC# M7325 NPI # 1508897810		Signature 	Group # <b>RAYTH</b>
		Date <b>1/13/14</b>	

☐ **GENERAL PAIN/INFLAMMATION** 60GMS 120GMS 150GMS 180GMS 240GMS Refills 1 2 3 4 5 prn  
 DICLOFENAC 3%, KETOPROPHEN 10%, BACLOFEN 2%, LIDOCAINE 2%, Lipoderm™  
 Apply 1-2 grams to affected area 3-4 times per day.

☐ **NEUROPATHIC & CHRONIC PAIN** 60GMS 120GMS 150GMS 180GMS 240GMS Refills 1 2 3 4 5 prn  
 FLURBIPROFEN 20%, BACLOFEN 2%, CYCLOBENZAPRINE 2%, GABAPENTIN 6%, LIDOCAINE 2.5%  
 Apply 1-2 grams (Each pump equals one gram) to affected area 3-4 times per day.

☐ **BACK & RADICULAR PAIN** 60GMS 120GMS 150GMS 180GMS 240GMS Refills 1 2 3 4 5 prn  
 GABAPENTIN 6%, CLONIDINE 0.1% DICLOFENAC 2%, LIDOCAINE 2%, PENTOXIFYLLINE 2%  
 Apply 1-2 grams to affected area 3-4 times per day.

☒ **SCAR REDUCTION CREAM** 60GMS 120GMS 150GMS 180GMS 240GMS Refills 1 2 3 4 5 prn  
 FLUTICASONE PROPIONATE 1%, LEVOCETIRIZINE DIHYDROCHLORIDE 2%, PENTOXIFYLLINE 0.05%, PRILOCAINE 3%, GABAPENTIN 15%  
 Apply up to 4 grams (Each pump equals one gram) twice daily for 10-14 weeks for scar reduction. (PracaSil™-Plus)

☐ **INFECTED WOUNDS** 60GMS 120GMS 150GMS 180GMS 240GMS Refills 1 2 3 4 5 prn  
 PHENYTOIN 5%, MISOPROSTOL 0.0024%, ALOE VERA 200:1, PRILOCAINE 2%, LEVOFLOXACIN 2%,  
 METRONIDAZOLE 2%, VANCOMYCIN 5%, Spriawash™  
 Apply 1-2 grams to affected area 3-4 times per day.

☐ **NON-INFECTED WOUNDS** 60GMS 120GMS 150GMS 180GMS 240GMS Refills 1 2 3 4 5 prn  
 2.PHENYTOIN 5%, MISOPROSTOL 0.0024%, ALOE VERA 200:1, PRILOCAINE 2%, Spriawash™  
 Apply 1-2 grams to affected area 3-4 times per day.

☐ **GOUT** 60GMS 120GMS 150GMS 180GMS 240GMS Refills 1 2 3 4 5 prn  
 3.KETOPROFEN 10%, INDOMETHACIN 10%, TRIAMCINOLONE 0.2%, LIDOCAINE 5%  
 Apply 1-2 grams to affected area 3-4 times per day.

☒ **PSORIASIS/ECZEMA** 60GMS 120GMS 150GMS 180GMS 240GMS Refills 1 2 3 4 5 prn  
 FLUTICASONE 1%, METHYLCOBALAMIN 0.042%, COENZYME Q10 2.4%, VITAMIN D3 0.03%, TRETINOIN 0.012%  
 Apply 1-2 grams to affected area 3-4 times per day.

8\_Prescrip-Blank-Sheet-v3-8

**CONFIDENTIAL****KEN003571**

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DOJ-18CR368-0124298